

Case Number:	CM14-0039311		
Date Assigned:	06/27/2014	Date of Injury:	06/09/2010
Decision Date:	08/19/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	04/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old female who had a work related injury on 06/09/10. The injured worker stepped onto some loose dirt, as she looked up she was blinded by the summer sun and lost her footing. The injured worker fell and rolled down an approximately 25 foot embankment. The injured worker has had physical therapy, anti-inflammatory medications, pain medication, and muscle relaxants. The injured worker had a right shoulder arthroscopy in March of 2011. The injured worker developed a gastrointestinal pain from chronic usage of medications. The injured worker had an endoscopic evaluation done on 04/22/13 which confirmed the presence of short segment barrett's esophagus. There was no dysplasia. Moderate sized hiatal hernia was present. Gastritis of the fundus body and antrum characterized by granularity friability, but no gross ulcer or erosion was noted. The injured worker was treated with Omeprazole without significant relief of her symptoms. The injured worker has been stable on the Protonix. The injured worker has been taking Zofran for the nausea and vomiting for her gastroesophageal reflux symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Zofran 8 MG Quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Antiemetics.

Decision rationale: The request for Zofran 8 MG Quantity 30 is medically necessary. The clinical documentation submitted for review does support the request. The injured worker does have drug induced gastroenteritis and is stable on the medication. Acute use is FDA-approved for gastroenteritis. As such medical necessity has been established.

Zofran 8 MG Quantity 10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Antiemetics.

Decision rationale: The request for Zofran 8 MG quantity 10 is not medically necessary. The request for Zofran 8mg #30 has already been deemed medically necessary. This request is not medically necessary.

PROTONIX 20 MG Quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter. Proton pump inhibitors (PPIs).

Decision rationale: The request for Protonix 20 mg quantity 90 is medically necessary. The clinical documentation submitted for review does support the request. Protonix, even though it is a not a first line drug, the injured worker had a trial of Omeprazole without benefit. (A trial of omeprazole or lansoprazole is recommended). Therefore medical necessity has been established.